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APPLICANTS

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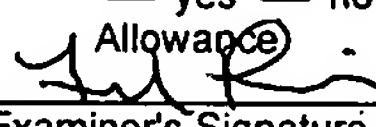
** CONTINUING DATA *****FP

This appln claims benefit of 60/320,130 04/22/2003

** FOREIGN APPLICATIONS *****NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/23/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	CA	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	 Examiner's Signature	Initials	4	8 10	1 2

ADDRESS

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TITLE

Anti-Spray Aquarium Airlift Tube Elbow

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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